

INPATIENT PROFESSIONAL STAFF LIST
Attachment for Psychiatric Program License Application

	Adult (18 or +)		Minor (17 or -)	
	No. of Salaried/Contracted Staff FTE	No. of Consulting Non-salaried Privileged Staff	No. of Salaried/Contracted Staff FTE	No. of Consulting Non-salaried Privileged Staff
Psychiatrist				
Child Psychiatrist				
Internist				
Pediatrician				
Neurologist				
Prof. Reg. Nurse				
Licensed Practical Nurse				
Aide/MHW/MHT/CCW				
Psychologist/LP*				
Psychologist/LLP*				
Teacher MA				
Teacher BA/BS				
Aide				
Art Therapist				
Occupational Therapist				
C.O.T.A.***				
Music Therapist				
Recreational Therapist				
Other Aide				
Social Worker/CSW				
Social Worker/SW				
Social Worker/SWT				
Avg. daily inpatient census for above provided staffing				

* Licensed Psychologist ** Limited Licensed Psychologist *** Certified Occupational Therapist Aide

Inpatient Professional Staff List

Page 2

PROFESSIONAL STAFF: Attach list of professional personnel, by position and discipline, indicating whether full-time, part-time or consulting. Include license or certification number and expiration date.

NAME		DISCIPLINE	POSITION	FULL-TIME PART-TIME or CONSLTG	LICENSE OR CERTIFICATION	EXPIRATION DATE Mo Day Year
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